



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Christopher A. Wiklof, Cathy Aragon, Josh M. Kornfeld,
Clarence T. Tegreene, and Jim T. Russell

Title: SCANNER AND METHOD FOR SWEEPING A BEAM
ACROSS A TARGET

Serial No.: 10/007,784

Filing Date: November 13, 2001

Examiner/Unit: Denise S. Allen / 2872

Attorney Docket No.: 1788-22-3

TRANSMITTAL LETTER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 22nd day of February, 2005.



Signature

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

XX The fee has been calculated as shown below:

_____ No additional claim fee is required.

Computation of Fee
For Claims as Amended

| | Claims Remaining After <u>Amendment</u> | | Highest Number Previously <u>Paid for</u> | | Present <u>Extra</u> | | <u>Rate</u> | | Addl. <u>Fee</u> |
|--|--|-------|--|---|-------------------------|---|---------------------|---|---------------------|
| Total Claims | 44 | Minus | 43 | = | 1 | x | \$50/ <u>\$25</u> | = | \$25 |
| Independent Claims | 13 | Minus | 12 | = | 1 | x | \$200/ <u>\$100</u> | = | \$100 |
| Total additional fee for this amendment | | | | | | | | | \$125 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

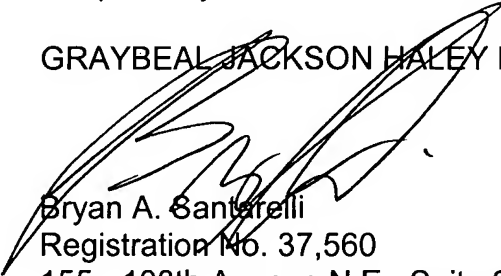
XX Check No. 23533 in the amount of \$125 for the additional claim fee is enclosed.

XX A Request for Extension of Time for one month with Check No. 23534 for \$60 is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP


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